



STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES & STANDARDS
BUREAU OF CODE SERVICES
PO BOX 816
TRENTON NEW JERSEY 08625-0816



ASBESTOS SAFETY TECHNICIAN
CERTIFICATION APPLICATION

DATE _____

NAME _____ DATE OF BIRTH _____
LAST FIRST MIDDLE

HOME ADDRESS _____
STREET APT#

_____ TOWN STATE ZIP CODE

TELEPHONE() _____

College and Graduate School - List all colleges, universities and graduate schools which you have attended. Attach a transcript and copies of diplomas.

NAME	ATTENDED MONTH/YEAR	HOURS	MAJOR	DEGREE	GRADUATE Y/N

TECHNICAL COURSES - List all related technical courses and training.

NAME OF COURSE	ATTENDED MONTH/YEAR	EQUIPMENT USED	COURSE COMPLETED YES/NO

ASBESTOS SAFETY TECHNICIAN COURSE FROM: _____ TO: _____ EXAM: PASS _____ FAIL _____ SCORE: STATE _____ NATIONAL _____		ASBESTOS WORKER/SUPERVISOR COURSE FROM: _____ TO: _____ EXAM: PASS _____ FAIL _____ SCORE _____	
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EXPERIENCE - PLEASE LIST PRESENT EMPLOYER FIRST

POSITION: _____

EMPLOYER: _____

_ADDRESS: _____ PHONE _____

-

CITY: _____ STATE: _____ ZIP _____

DATES OF EMPLOYMENT (MONTH & YEAR)

FROM: _____ TO: _____ FULL TIME _____ PART TIME _____

DESCRIBE DUTIES: _____

SUPERVISOR _____

POSITION: _____

EMPLOYER: _____

ADDRESS: _____ **PHONE** _____

CITY: _____ **STATE:** _____ **ZIP** _____

DATES OF EMPLOYMENT (MONTH & YEAR)

FROM: _____ **TO:** _____ **FULL TIME** _____ **PART TIME** _____

DESCRIBE DUTIES: _____

SUPERVISOR _____

1. HAVE YOU EVER BEEN CONVICTED, FINED OR IMPRISONED, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT COLLATERAL FOR ALLEGED VIOLATION OF ANY LAW OR POLICE REGULATION OR ORDINANCE, OTHER THAN TRAFFIC VIOLATIONS?

YES _____ NO _____ (IF YES, PLEASE DESCRIBE DETAILS)

- HAVE YOU EVER BEEN INDICTED FOR ANY OFFENSE?

YES _____ NO _____ (IF YES, PLEASE DESCRIBE DETAILS)

2. HAVE YOU EVER BEEN DISCHARGED, OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?

YES _____ NO _____ (IF YES, PLEASE DESCRIBE DETAILS)

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TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED IN THIS APPLICATION COMPLETE AND ACCURATE. I AM AWARE THAT IF INVESTIGATION DISCLOSES WILLFUL MISREPRESENTATIONS, MY APPLICATION WILL BE REJECTED.

Signature of Applicant

Date

Signature of Notary

Date

ADDRESS

City

State

Zip Code
